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APPLICANTS

Christopher D. Brown, Albuquerque, NM;

** CONTINUING DATA ***** *none*** FOREIGN APPLICATIONS ***** *none*IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NM	SHEETS DRAWING 7	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

ADDRESS

41868
INLIGHT SOLUTIONS, INC.
800 BRADBURY, SE
ALBUQUERQUE, NM
87106

TITLE

Adaptive compensation for measurement distortions in spectroscopy

FILING FEE RECEIVED 690	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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